

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-747207	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11			1				61					
12							62					
13							63					
14							64					
15			1				65					
16							66					
17							67					
18							68					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			10				TOTAL DEP.					
TOTAL CLAIMS			13				TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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